

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

NAME OF FILER Cathryn De Young/DeYoung for Supervisor		Date of This Filing 05/22/2006	Date Stamp MAY 23 2006	<b>LATE CONTRIBUTION REPORT</b> <b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (If applicable) 1261380	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	By <i>Deputy</i>	
CITY	STATE	ZIP CODE	No. of Pages 1	

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/22/2006	Cathryn DeYoung	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Council Member  City of Laguna Niguel	150,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

## \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: Loan to campaign